

EXHIBIT 14

PATIENT 12

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Gamma Healthcare Inc.

No. 2077 P. 2

Page 1 of 1

Gamma Healthcare
Laboratory

Manage Orders
Order Patient Samples
Order Choice Catalog
Pending Orders
Manage Samples
View Results (PDF)
Patient Info
This Location
My Preferences
Reports
Admin Center
Quick Order

Order ID: M30344039817 Status: COMPLETE

Ordering Location: Aspen Health & Rehab
Patient: [REDACTED]
Click on patient's name to edit or change patient's information.
Ordering Physician: ANDERSON, ELL
Ordering Provider NPI: [REDACTED]
Room Number: [REDACTED]
Draw Time Date: 11/10/2016 10:00 AM
☐ Standing Order ☐ Antennae Project

Order Choice

Order Choice Search: [REDACTED] Diagnoses: [REDACTED] Search [Submit] Print & Preview PDF Code
Show's Preferred ICD Codes

**All diagnosis will fall into patient's insurance if entered for the order!
Some tests have a minimal frequency requirement. If proper diagnosis code, check frequency and last date of service/collection

Priority	Collection Date	Order Choice Code	Order Choice	Diagnosis	Expiry	Order Choice Document
ROUTINE	08/10/2016 10:00	212	Galina Ulin	ATV.6	First	Complete

Documentation and Actions

Instructions Lab Report Clinical Info Lab Data

Cancel Order

Page Out New Order Cancel Order Save < Back to Location Index

Sep. 8, 2020 11:30AM

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Lab Section
 Administrative Code
 Name: Culture, Urine
 Local Name: Culture, Urine

Synonym: Urine Culture

Department
 Billing Test Code
 Description

See/Consult Information:
 Test Code: 50144 Urine Gray Top
 Minimum Required Yield: 50

Sample Type: Urine
 Storage Temperature:
 Refrigerate

Control: Control 9
 Interpretation: Urine in 50144 container is acceptable for 24 hours refrigerated. Urine in 50144 container Urine Gray Top is acceptable up to 72 hours from collection.
 Info

Test Code: 252

Sep. 8. 2020 1:25PM

No. 2031 P. 4

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LAB REPORT

**** Complete ****CommonHealthCare
Laboratory

Printed: 09/08/2020 11:43AM

Aspen Health & Rehab
Client ID: 51887

Patient: [REDACTED]

DOB: [REDACTED]

Patient ID: [REDACTED]

Room Number: [REDACTED]

Physician: ANDERSON, BILL

Order ID: R20244000057

Collected Date/Time: 08/30/2020 10:00AM

Most Recent Result Received

Date/Time: 08/31/2020 2:33AM



Attachment

A

Attachment



TEST	08/30/2020 10:00AM	08/31/2020 2:00PM	08/31/2020 1:45PM	REF RANGE	UNIT
Auto Approval	Complete	Complete	Complete		

Report Creation: 09/08/2020 11:43AM

Sep. 8. 2020 1:15PM

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No. 2091 P. 1

Hillcrest Hospital South
8801 S. 101st E. Ave.
Tulsa OK 74133


ENTERPRISE MRN:Ordering Provider

William Robert Anderson, DO

Urinalysis, Microscopic (Final result)

	Value	Range Units	Lab
WBC, UA	0-2	None, 0-2 /HPF	HX
RBC, UA	0-2	None, 0-2 /HPF	HX
Bacteria, UA	1+	None, 1+ /HPF	HX

Specimen ID: 20HS-244U0004 Specimen Type: Urine Specimen Source: Urine, Clean Catch Collection Time:
8/30/2020 1000 Received: 8/31/2020 0128

Resulting Labs

HX CLIA: 37D0966837

HHS HOSPITAL LAB, 8801 S. 101st E. Ave., Tulsa OK 74133 918-294-4174
Director: Dr. Steve E. Rose

CC Recipients

William Robert Anderson, DO

Sep. 8. 2020 1:25PM

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Hillcrest Hospital South
8801 S. 101st E. Ave.
Tulsa OK 74133

Legend

A - Abnormal

CG Recipients

William Robert Anderson, DO

RQ204910

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Printed: 8/31/2020 1:35 AM

Sep. 8. 2020 1:25PM

No. 2091 P. 3

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Hillcrest Hospital South
8801 S. 101st E. Ave.
Tulsa OK 74133

ENTERPRISE MRN:

See Values: Leukocyte Esterase, UA (A)

Ordering Provider

William Robert Anderson, DO

URINALYSIS, MACRO WITH REFLEX TO MICRO (Final result)

	Value	Range Units	Lab
Color, UA	Yellow	Light Yellow, Yellow, Dark Yellow, Pale Yellow, Straw	HX
Clarity, UA	Clear	Clear	HX
Specific Gravity, Urine	1.015	1.002 - 1.030	HX
pH, UA	6.5	5.0 - 9.0	HX
Bilirubin, UA	Negative	Negative	HX
Ketones, UA	Negative	Negative mg/dL	HX
Blood, UA	Negative	Negative	HX
Nitrite, UA	Negative	Negative	HX
Leukocyte Esterase, UA	Small (A)	Negative	HX
Glucose, UA	Negative	Negative mg/dL	HX
Urobilinogen, UA	0.2	0.2, 1.0 E.U./dL	HX
Protein, UA	Negative	Negative mg/dL	HX

Specimen ID: 20HS-24410004 Specimen Type: Urine Specimen Source: Urine, Clean Catch Collection Time:
8/30/2020 1000 Received: 8/31/2020 0128

Collection Questions

How was the Urine collected?

Urine, Clean Catch

Resulting Labs

HX CLIA: 37D0956837

HHS HOSPITAL LAB, 8801 S. 101st E. Ave., Tulsa OK 918-294-4174
74133
Director: Dr. Steve E. Rose

Sep. 8, 2020 1:25PM

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Antibiotic Resistance Genes Assayed

ABR Genes	ABR Class	Notes
blaIMP	β -lactamase	Penicillins, Cephalosporins, and Carbapenems
blaKPC	β -lactamase	Penicillins, Cephalosporins, and Carbapenems
blaNDM	β -lactamase	Penicillins, Cephalosporins, and Carbapenems
blaVIM	β -lactamase	Penicillins, Cephalosporins, and Carbapenems
OXA-48	β -lactamase	Penicillins, Cephalosporins, and Carbapenems
blaCTX-M	β -lactamase	ESBL
blaOXA-139, blaOXA-160, blaOXA-207, blaOXA-24, blaOXA-25, blaOXA-28, blaOXA-437, blaOXA-72, blaSHV-6a	β -lactamase	Penicillins
mecA	Methicillin resistance	Methicillin/Oxacillin
mecC	Methicillin resistance	Methicillin/Oxacillin
aminoglycoside 6'-N-acetyltransferase type II, AAC(6) wt chromosomal	Aminoglycoside	Gentamicin, Tobramycin, Amikacin, Pharamycin
sac(6)-fb-cr, fluoroquinolone	Aminoglycoside/ Quinolone	Gentamicin, Tobramycin, Amikacin, Pharamycin, Ofloxacin, Levofloxacin, Delafloxacin, Gemifloxacin, Moxifloxacin, Ofloxacin, Norfloxacin
mef(A)	Macrolide/Lincosamide	Erythromycin, Azithromycin, Clarithromycin, Clindamycin, Lincomycin
erm(A)	Macrolide/Lincosamide	Erythromycin, Azithromycin, Clarithromycin, Clindamycin, Lincomycin
erm(B)	Macrolide/Lincosamide	Erythromycin, Azithromycin, Clarithromycin, Clindamycin, Lincomycin
erm(C)	Macrolide/Lincosamide	Erythromycin, Azithromycin, Clarithromycin, Clindamycin, Lincomycin
qnrS (also qnrS1, qnrS10, qnrS11, qnrS12, qnrS13, qnrS14, qnrS4, qnrS7, qnrS8, qnrS9). The gene on plasmids is responsible for quinolone resistance	Quinolone	Ciprofloxacin, Levofloxacin, Delafloxacin, Gemifloxacin, Moxifloxacin, Ofloxacin, Norfloxacin
sul1	Sulfonamide	Sulfamethoxazole/Trimethoprim
tet(M)	Tetracycline	Doxycycline, Minocycline, Omadacycline, Erythromycin
dhfr5	Trimethoprim	Trimethoprim
dhfr1	Trimethoprim	Trimethoprim
vanA	Vancomycin resistance	Vancomycin
vanB	Vancomycin resistance	Vancomycin

Sep. 3, 2020 1:28PM

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No. 2081 P. 7

LAB REPORT

** Complete **

CommonHealthCare
Laboratories

Printed: 09/09/2020 11:43AM

Client: Aspen Health & Rehab

Client ID: 51867

Patient: [REDACTED]

DOB: [REDACTED]

Patient ID: [REDACTED]

Room Number: [REDACTED]

Physician: ANDERSON, BILL

Order ID: R20241005918

Collected Date/Time: 08/30/2020 10:00AM

Resulted Date/Time: 09/01/2020 3:17PM

UTI ABX by PCR

ABX GENES TESTED	RESULT	CLASS
cat1	Not Detected	-
blaOXA-139, blaOXA-160, blaOXA-207, blaOXA-24, blaOXA-25, blaOXA-26, blaOXA-437, blaOXA-72, blaSHV-63	Not Detected	-
aac(6')-Ib-cr, Fluoroquinolone	Not Detected	-
aminoglycoside 6'-N-acetyltransferase type Ib, AAC61B wt chromosomal	Not Detected	-
net(A)	Not Detected	-
tet(M)	Not Detected	-
blaIMP	Not Detected	-
OXA-48	Not Detected	-
qnrS (also qnrS1, qnrS10, qnrS11, qnrS12, qnrS13, qnrS14, qnrS4, qnrS7, qnrS8, qnrS9): The gene on plasmids is responsible for quinolone resistance	Not Detected	-
blaCTX-M	Not Detected	-
blaKPC	Not Detected	-
blaVIM	Not Detected	-
blaNDM	Not Detected	-
Sulfonamide drx AE_A5v2	Not Detected	-
Vancomycin	Not Detected	-
emlA_N_C	Not Detected	-
neclA_necC	Not Detected	-
Albathemol	Not Detected	-

Report Creation: 09/09/2020 11:43AM

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LAB REPORT

** Complete **

GammaHealthCare
Laboratories

Printed: 09/09/2020 11:43AM

Client: Aspen Health & Rehab
Client ID: 51887Patient: [REDACTED]
DOB: [REDACTED]
Patient ID: [REDACTED]
Room Number: [REDACTED]Physician: ANDERSON, BILL
Order ID: R20244005818
Collected Date/Time: 08/30/2020 10:00AM
Resulted Date/Time: 09/01/2020 3:17PM

Order Comments:

Testing Site: 1717 West Naud, Poplar Bluff, MO 63901 573-727-5606 CLIA
9:26D1041810 Laboratory Director: David L. Smalley, Ph.D.
This test protocol has been developed and its performance characteristics
determined by Gamma HealthCare, Inc. The tests in this UTI panel have not
been cleared or approved by the US Food and Drug Administration; however,
the FDA has determined clearance or approvals are not necessary. The tests in
this UTI panel are for clinical purposes and should not be viewed as
investigational or for research purposes.

UTI ID by PCR

ORGANISM DNA TESTED	RESULT	ABUNDANCE
Citrobacter freundii	Not Detected	-
Providencia rettgeri	Not Detected	-
Citrobacter Koseri	Not Detected	-
Escherichia coli	Not Detected	-
Enterococcus faecalis	Not Detected	-
Staphylococcus aureus	Not Detected	-
Streptococcus agalactiae	Not Detected	-
Proteus mirabilis	Not Detected	-
Providencia stuartii	Not Detected	-
Morganella morganii	Not Detected	-
Klebsiella oxytoca	Not Detected	-
Enterobacter aerogenes	Not Detected	-
Pseudomonas aeruginosa	Not Detected	-
Proteus vulgaris	Not Detected	-
Klebsiella pneumoniae	Not Detected	-
Acinetobacter baumannii	Not Detected	-
Enterococcus faecium	Not Detected	-
Enterobacter cloacae	Not Detected	-
Candida albicans	Not Detected	-

Sep. 8, 2020 1:27PM

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EXHIBIT 14 Page 10 of 10

LAB REPORT

**** Complete ****

Gamma HealthCare
Laboratories

Printed: 09/08/2020 11:43AM

Client: Aspen Health & Rehab
Client ID: 51867

Patient:

DOB:

Patient ID:

Room Number:

Physician: ANDERSON, BILL

Order ID: R20244005817

Collected Datetime: 09/30/2020 10:00AM

Resulted Datetime: 09/02/2020 12:20PM

Order Comments:

Testing Site: 2211 Roy Rd, Tyler, TX 75707 573-727-5800 CLIA #45D2088100

Laboratory Director: David L. Smalley, Ph.D.

Urine Culture Source: Not Specified - UR

Urine Culture Site: Not Specified - UR

CULTURE, URINE

Source: URINE, COLLECTION METHOD NOT SPECIFIED
NO GROWTH AFTER 48 HOURS.

Report Creation: 09/08/2020 11:43AM